

CHASE

Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")
ALTERNATIVE MEDICINE AND PHARMACY INC

BUSINESS ADDRESS
3007 FALLSCREEK CT
PEARLAND, TX 77584-7040
United States/US Territories

ACCOUNT NUMBER	9550
ACCOUNT TYPE	Chase Total Business Checking
CXPLAYER ID NUMBER	80-0568406
DATE OPENED	07/12/2013
FORM OF BUSINESS	S-Corporation
ISSUED BY	JPMorgan Chase Bank, N.A. (201)

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	[REDACTED]	TX	04/28/2010	
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

SIGNER(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement and/or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

PRINTED NAME

TAXPAYER ID #

TITLE

DATE _____

SIGNATURE

DEJAN MILOSEVIC

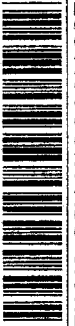
President

7/12/13

SIGNATURE

M1207-01-CS 10617 (03/13)

BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS ALTERNATIVE MEDICINE AND PHARMACY, INC.

DBA OMNIPLUS PHARMACY

TAXPAYER ID NO. 80-0588406

BUSINESS ADDRESS 4916 MAIN ST STE 100, HOUSTON, TX 77002-9765

BRANCH NAME AND NO. CREDIT-TX-SOUTH - 287

BANK NO. 201

BRANCH PHONE NO. (713) 868-6771

INTEROFFICE MAIL CODE TX2-6116

PREPARED BY NAME EDWARD MIXON

DATE: 10/08/2014

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add
LEONARD L CARR JRTitle
SECRETARY

Signature

Date

1) Driver's License

2) None

ID Number

Issuer
TXIssuance Date
06/20/2012Expiration Date
07/09/2018

Account Numbers:

9550

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add
SCOTT A BREMEISTERTitle
PRESIDENT

Signature

Date

1) Driver's License

2) None

ID Number

Issuer
TXIssuance Date
03/11/2010Expiration Date
04/04/2016

Account Numbers:

9550

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



